

OS-10-01

RE/A

Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/60/50
U.S. PTO09/851874
05/09/01

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	960716RE/TL
First Named Inventor	TATSUTA
Original Patent Number	5,943,448
Original Patent Issue Date (Month/Day/Year)	08/24/99
Express Mail Label No.	EL767484295US

APPLICATION FOR REISSUE OF:
(Check applicable box) Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?

 Yes No

(If Yes, check applicable box(es))
7. Written Consent of all Assignees (PTO/SB/53)
8. 37 C.F.R. § 3.73(b) Statement Power of Attorney (PTO/SB/96)

7. Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. Original U.S. Patent for surrender

 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
9. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. English Translation of Reissue Oath/Declaration (if applicable)
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other: Change of address.....
Letter to Official Draftsman.....

15. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label: or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Thomas Langer Frishauf, Holtz, Goodman, Langer & Chick, P.C.				
Address	767 Third Avenue				
City	NY	State	NY	Zip Code	10017-2023
Country	USA	Telephone	212-319-4900	Fax	212-319-5101

NAME (Print/Type)	Thomas Langer	Registration No (Attorney/Agent)	27,264
Signature	Thomas Langer	Date	May 9, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
960716RE/TL

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 24	Total Claims (37 CFR 1.16(j))	(B) 29	**** 5 =	x \$ _____ =		or	x \$ 18 = 90
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 5	* 2 =	x \$ _____ =			x \$ 80 = 160
							\$ 710
							OR \$ 960

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			
Total Additional Fee					\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1378.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 960.00 to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 9, 2001
Date



Signature of Applicant/Attorney or Agent of Record

Thomas Langer (27,264)

Typed or printed name

Please type a plus sign (+) inside this box →

PTO/SB/122 (10-03)

Approved for use through 10/31/2002, OMB 0651-0215
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
*Application***

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	
Filing Date	
First Named Inventor	TATSUTA
Group Art Unit	
Examiner Name	
Attorney Docket Number	960716RE/TL

Please change the Correspondence Address for the above-identified application
to:

Customer Number

01933

Type Customer Number here



OR

Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

Applicant/Inventor.

Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or Agent of record.

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Thomas Langer, Esq.

Reg. No. 27,264

Signature

Date

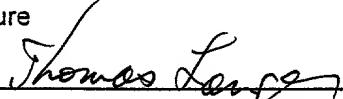
May 9, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 960716RE/TL
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Olympus Optical Co., Ltd.		
Patent Number 5,943,448	Date Patent Issued Aug. 24, 1999	
Title of Invention INFORMATION REPRODUCING SYSTEM, INFORMATION RECORDING MEDIUM, AND INFORMATION RECORDING APPARATUS		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p>		
<p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Olympus Optical Co., Ltd.</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)		
Signature 	Date May 9, 2001	
Typed or printed name and title of person signing for assignee (if assigned) Thomas Langer Attorney Reg. No. 27,264		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Olympus Optical Co., Ltd.Application No./Patent No.: 5,943,448 Filed/Issue Date: Aug. 24, 1999
Entitled: INFORMATION REPRODUCING SYSTEM, INFORMATION RECORDING MEDIUM,
AND INFORMATION RECORDING APPARATUSOlympus Optical Co., Ltd., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 8304, Frame 0904, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

May 9, 2001
Date

Thomas Langer

Typed or printed name

Thomas Langer
SignatureAttorney Reg. No. 27,264
Title